

AO 435 AZ Form (Rev. 10/2018)		Administrative Office of the United States Courts TRANSCRIPT ORDER		FOR COURT USE ONLY DUE DATE:	
1. NAME Galilee Bistline		2. PHONE NUMBER 435-463-5335		3. DATE 8/25/2023	
4. FIRM NAME					
5. MAILING ADDRESS PO Box 2194		6. CITY Colorado City		7. STATE AZ	8. ZIP CODE 86012
9. CASE NUMBER 3:22-cr-08092		10. JUDGE Susan Brnovich		DATES OF PROCEEDINGS	
				11. 2/24/2023 - 8/9/2023	12.
13. CASE NAME USA v. Bateman et al		LOCATION OF PROCEEDINGS			
		14. Phoenix		15. STATE Arizona	
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE		2/24/2023 Status Conf		<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)		3/6/2023 Motion Hearing			
<input type="checkbox"/> OPENING STATEMENT (Defendant)		4/6/2023 Motion Hearing			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		5/22/2023 Initial & Arraign		<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)		5/24/2023 Initial Appear			
<input type="checkbox"/> OPINION OF COURT		5/30/2023 Detention Hear			
<input type="checkbox"/> JURY INSTRUCTIONS		6/14/2023 Status Conf		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		6/29/2023 Detention Hear			
<input type="checkbox"/> BAIL HEARING		6/30/2023 Detention-Leia			
				8/8/2023 Detention-Torrance	
				8/8/2023 Motion-Samuel	
18. ORDER					
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)	ESTIMATED COSTS
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input checked="" type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)	
14 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>			
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME <input type="checkbox"/>				E-MAIL ADDRESS	
				galileebistline@gmail.com	
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.	
19. SIGNATURE Galilee Bistline					
20. DATE 8/25/2023					
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL	
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER	
DEPOSIT PAID			DEPOSIT PAID		
TRANSCRIPT ORDERED			TOTAL CHARGES		
TRANSCRIPT RECEIVED			LESS DEPOSIT		
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT			TOTAL DUE		

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